

U.S. Chamber of Commerce

1815 H Street, N.W.
Washington, D.C. 20062-2000

www.uschamber.com



FACSIMILE TRANSMITTAL

Deliver to: Federal Election Commission

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Date: 10/19/10

Pages: 4 (including cover sheet)

Comments:

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name U. S. Chamber of Commerce(b) Address (number and street) ☐ check if different than previously reported
1615 H Street, NW(c) City, State and ZIP Code
Washington DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification NumberC30001101**3. Is This Statement**☒ New

or

☐ Amended**4. Covering Period**10 14 2010

through

10 19 2010**5. (a) Date of Public Distribution(s)**10 14 2010(b) Communication Title TV ad - "Bad with Money"**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**(a) Name James W. Robinson(b) Address (number and street)
1615 H Street, NW(c) City, State and ZIP Code
Washington DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

U.S. Chamber of CommerceSenior Vice President**9. Total Donations This Statement**0**10. Total Disbursements/Obligations This Statement**979,678.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

JAMES W. ROBINSON

SIGNATURE



DATE

10/19/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437p.

FEC FORM 9 (REV. 12/07)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

1. Person(s) Sharing/Exercising Control

A. (a) Name	
Bill Miller	
(b) Address (number and street)	
1615 H Street, NW	
(c) City, State and ZIP Code	
Washington DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Senior Vice President
B. (a) Name	
James V. Robinson	
(b) Address (number and street)	
1615 H Street, NW	
(c) City, State and ZIP Code	
Washington DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Senior Vice President
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media		Date of Disbursement or Obligation 10 / 14 / 2010	
Mailing Address of Payee 600 Fairmount Avenue		Amount 9,680.00	
City Towson MD	State MD	Zip Code 21286	Communication Date 10 / 19 / 2010
Name of Employer Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) TV ad - "Bad with Money"			
Name of Federal Candidate Barbara Boxer	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: ____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ____ District: ____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ____ District: ____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings, Ltd.		Date of Disbursement or Obligation 10 / 18 / 2010	
Mailing Address of Payee 1850 M Street, NW - Suite 235		Amount 11,678.00	
City Washington DC	State DC	Zip Code 20036	Communication Date 10 / 19 / 2010
Name of Employer Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) TV ad - "Bad with Money"			
Name of Federal Candidate Barbara Boxer	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: ____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ____ District: ____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ____ District: ____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		9,796.78.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		9,796.78.00	

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
PREPARER

N/A
DATE PREPARED

(5/2004)